

**MULTIPLE DEPENDENT  
FEE CALCULATION F  
(FOR USE WITH FORM F**

**IM  
T  
15)**

APPLICANT(S)

672182

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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48							98												
49							99												
50							100												
TOTAL IND.	1						TOTAL IND.												
TOTAL DEP.	8						TOTAL DEP.												
TOTAL CLAIMS	9						TOTAL CLAIMS												